

**State of New Jersey
Licensed Site Remediation
Professional
Licensure Application Form**



Date Stamp
(For Department use only)

Refer to the State of New Jersey Licensed Site Remediation Professional Licensure Application Instructions for instructions on completing this application form.

You must answer all of the questions on this application form. Type all information in space provided using 10 point font or larger. A nonrefundable application fee of \$400, in the form of a check or money order made out to Treasurer, State of New Jersey, must be submitted with this application.

1. APPLICANT INFORMATION

Name

Dr. Ms. Mrs. Mr.

Last Name: _____

First Name: _____ M.I. _____

Suffix (Sr., Jr. IV): _____

Maiden Name: _____

Will the Board receive information about the applicant under a different name? Yes No

If the answer is "Yes," fill in that name below:

Dr. Ms. Mrs. Mr.

Last Name: _____

First Name: _____ M.I. _____

Suffix (Sr., Jr. IV): _____

Affix a clear, full-face passport style photograph (2" x 2") of the applicant's head and shoulders taken within the past six months.

(Attach Photo Here)

Print the applicant's full name on the back of the photo and affix to application with double-sided tape. Do not use staples or clips.

Home Mailing Address

Home Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ E-Mail Address: _____

Home Phone #: _____ Home Cell Phone #: _____

Business Mailing Address Check if same as Home Mailing Address

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

County: _____ E-Mail Address: _____

Business Phone #: _____ Business Cell Phone #: _____

Indicate the address the Board should use for all correspondence and billing by placing an "X" in the appropriate box: . . .

Home Business

Indicate the telephone number the Board should use if questions arise by placing an "X" in the appropriate box:

Home Phone #: _____ Home Cell Phone #: _____ Day Time Evening

Business Phone #: _____ Business Cell Phone #: _____ Day Time Evening

Is the applicant in need of an exam administration modification due to a disability covered under the Americans with Disabilities Act? YES NO

2. RELEVANT TRAINING AND COURSEWORK

For items a through d below, provide the location, date and course provider for the listed training courses. Provide a copy of the course completion certificate for each of the courses listed below.

a. 40 – hour health & safety training pursuant to 29 CFR 1910.120

Course Provider	Course Location	Date of Training
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b. 8 - hour health and safety refresher course pursuant to 29 CFR 1910.120

Course Provider	Course Location	Date of Training
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c. Board approved course on the State’s rules & regulations concerning the Technical Requirements for Site Remediation

Course Name	Course Provider	Course Location	Date of Training
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d. Additional courses or training relevant to site remediation, excluding courses completed as part of a degree included in Section 5. Attach additional sheets if additional space is required.

Course Name	Course Provider	Course Location	Date of Training
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Course Name	Course Provider	Course Location	Date of Training
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3. CURRENT RESUME

Attach a current resume to this application.

4. LETTERS OF REFERENCE

Provide the following information for each of the individuals who have been requested to submit a letter of reference on the applicant’s behalf to the Board.

Letter of Reference	Name and title of individual writing reference	Business address of individual writing reference	Business telephone number of individual writing reference	Relationship of individual writing reference to applicant (i.e. supervisor, client, etc.)
LSRP				
Current or Past Employer				
Third Reference				

5. EDUCATION

1. Complete the table below for each of the applicant’s degrees, including relevant advanced degrees for which the applicant is requesting professional experience credit.

Degree	Major Field of Study or Discipline in Which Degree Granted	Name and Address of Institution Granting Degree	Month and Year Degree Conferred	Is the Institution accredited by the U.S. Department of Education or ABET?

2. A transcript has been ordered to be delivered to the Board directly from each of the institutions listed in the table above. YES NO
3. Each of the institutions listed in the table above is located in the United States. YES NO
4. For any institution listed in the table above not located in the United States the degree has been evaluated by a review service at the applicant’s cost and the evaluation is attached to this application. YES NO N/A
If the evaluation is not attached, attach a complete explanation and provide copies of any pertinent documents.
5. Check the appropriate boxes below with respect to the applicant’s primary language:

YES NO My primary language is English; or

YES NO My primary language is not English but my degree(s) is from an institution located in a country where the primary language is English; or

YES NO My primary language is not English and my degree(s) is from an institution located in a country where the primary language is not English. I understand that if this is the case, I am required to take and pass with a score of 90 or above the Test of English as a Foreign Language, and direct the Educational Testing Service to deliver the Score Report directly to the Board in support of this application.

6. PROFESSIONAL CONDUCT

1. Has the applicant ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia, or any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be).
 YES NO

If “Yes”, attach a complete explanation and provide copies of any pertinent documents.

2. Has the applicant ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury.
 YES NO

If “Yes”, attach a complete explanation and provide copies of any pertinent documents, including but not limited to, the indictment, judgment of conviction, sentencing order, release from parole or probation and proof that penalties or fines were paid in full.

3. Has the applicant ever applied for and been denied a professional license or certificate in New Jersey, any other state, the District of Columbia, or any other jurisdiction?
 YES NO

If “Yes”, for each professional license or certificate application denied, attach a complete explanation and provide copies of any pertinent documents.

4. Does the applicant currently hold, or has he or she ever held, a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia, or any other jurisdiction?
 YES NO

If “Yes”, for each professional license or certificate held, complete the following table and provide a copy of proof of licensure:

Professional License or Certificate	Date Issued	Agency/State Issuing License	License Number	Date License Expires

5. Has the applicant ever surrendered or had suspended or revoked a professional license or certificate in New Jersey, any other state, the District of Columbia, or any other jurisdiction?
 YES NO

If “Yes”, for each license or certificate suspended, revoked or surrendered, attach a complete explanation and provide copies of any pertinent documents.

6. Has the applicant ever been the subject of any type of disciplinary proceeding with respect to any professional license or certificate he or she has ever held?
 YES NO

If "Yes", for each disciplinary proceeding, attach a complete explanation including the date and the outcome of the proceeding and provide copies of any pertinent documents.

7. SOCIAL SECURITY NUMBER:

The applicant must disclose his or her Social Security number or Taxpayer Identification Number for the reasons stated below. Failure to do so is grounds for denial of the application.

If the applicant does not have a Social Security Number or Taxpayer Identification Number, attach a complete explanation and provide copies of any pertinent documents.

Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board as the licensing agency to which this form is submitted is required to obtain each applicant's Social Security number and, where one is not possessed, the reason for not having such number. Pursuant to these authorities, the Board is also obligated to provide each applicant's social security number to:

- a. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. The Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. The National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

The applicant is notified that under the Federal Privacy Act (5 U.S.C. Section 552a (note (b))), the Board as the licensing agency to which this form is submitted is requiring the mandatory disclosure of the applicant's Social Security number. The Social Security number may be used: to verify the identity of an applicant, to aid in the collection of financial obligations due and owing the Board or any other state agency, and to aid in the disclosure to state or federal law enforcement and licensing officials and agencies information obtained in investigations pertaining to licensure or disciplinary proceedings.

SSN: _____

8. CITIZENSHIP / IMMIGRATION STATUS (pursuant to 6 U.S.C. 1621)

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates the applicant's citizenship/immigration status. If the applicant is not a U.S. citizen, attach a copy of the applicant's alien registration card (front and back) or other documentation issued by the office of United States Citizenship and Immigration Services (U.S.C.I.S.).

Questions about the applicant's immigration status and whether or not it is a qualifying status under federal law should be directed to the U.S.C.I.S. at 1-800-375-5283.

- U.S. Citizen
- Alien lawfully admitted for permanent residence in U.S. - Copy of alien registration card attached
- Other immigration status - Copy of other documentation issued by U.S.C.I.S. attached

9. CHILD SUPPORT (pursuant to N.J.S.A. 2A:17-56.44e)

Does the applicant currently have a child-support obligation?YesNo
If "No", check the box "N/A" for questions 1 through 5.

(1) If "Yes," is the applicant in arrears in payment of said obligation?Yes No N/A

(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? .. Yes No N/A

(3) Has the applicant failed to provide any court-ordered health insurance coverage during the past six months?
 Yes No N/A

(4) Has the applicant failed to respond to a subpoena relating to either a paternity or child-support proceeding?
 Yes No N/A

(5) Is the applicant the subject of a child-support-related arrest warrant?
 Yes No N/A

10. FULL-TIME PROFESSIONAL EXPERIENCE

List on Table 10a each firm for which the applicant worked that he or she is counting toward full-time professional experience. In order to claim full-time professional experience, the applicant must have worked at the firm an average of at least 40 hours/week, with an average of at least 20 hours/week devoted to the application of scientific or engineering principles to contaminated site remediation where the resulting conclusions formed the basis for reports, studies or other documents connected with the remediation of a contaminated site. Attach additional sheets if additional space is required to provide a complete history.

Table 10a.

Firm	Address and Phone Number	Applicant's Position or Title	Applicant's Supervisor	Date Employment Began(Month and Year)	Date Employment Ended (If still employed so state)

List on Table 10b each advanced degree for which the applicant is requesting credit for Full-Time Professional Experience. Attach additional sheets if additional space is required to provide a complete list of degrees.

Table 10b.

Degree	Major Field of Study or Discipline in Which Degree Granted	Name and Address of Institution Granting Degree	Month and Year Degree Granted	Number of Years for which request credit for Full-Time Professional Experience

11a. Professional Experience in New Jersey – List the most recent projects first.

Project #	Project Name	NJDEP Program Interest Number	Municipality/County	Duration of applicant's involvement in Project (Month/Year)	Estimated Hours of Professional Experience	Identify each Remedial Phase of the Project that the applicant personally worked on (PA, SI, RI, RA)	Identify each Remedial Phase of the Project for which the applicant personally produced or contributed to producing workplans and/or reports (PA, SI, RI, RA)	Identify each Remedial Phase of the Project in which the applicant gained experience meeting the Department's administrative requirements by submitting forms, meeting timeframes, submitting fees, applying presumptive remedies, applying for remedial action permits, or preparing public notifications. (PA, SI, RI, RA)	Check if Project History and Description included in Section 11b
1				to					
2				to					
3				to					
4				to					
5				to					
6				to					
7				to					
8				to					
9				to					
10				to					
Total Estimated Hours of Professional Experience									

This table may be copied if additional pages are necessary Check here if using additional pages and add totals at end.

11b. PROJECT HISTORY – Identify the project # from Table 11a: _____

(Copy this page as many times as necessary and include as cover sheet for each additional page of Project Descriptions)

Project Name: _____

Project Location Address: _____

NJDEP Program Interest #: _____ NJDEP Case Number: _____

Project Duration: Start Date: _____ End Date: _____ Check box if project is still ongoing []

Period of time in which the applicant personally worked on the Project:

Start Date: _____ End Date: _____ Check box if project is still ongoing []

Project Client Name: _____

Client Contact Name: _____ Client Contact Title: _____

Client Address: _____

LSRP of Record for the Project: _____

Applicant's Supervisor on the Project: _____

Applicant's Position(s) on the Project: _____

PROJECT DESCRIPTION:

On attached sheet, provide a complete description of the project, focusing on the applicant's involvement. Each description should contain the following elements:

1. The nature and extent of the environmental complexity of this project, including the class of contaminants and affected media.
2. A detailed explanation of how the applicant gained experience investigating, designing, implementing and/or managing within each phase of the site remediation process on this project. Include each phase applicable to this project: Preliminary Assessment, Site Investigation, Remedial Investigation, and Remedial Action.
3. A complete accounting of work products that the applicant personally prepared or participated in preparing, including the date and title of each workplan, study, report, or submission to the Department. Include details of how the applicant was involved in the preparation of the work product, including any particular sections that the applicant prepared or participated in preparing.
4. A complete accounting of how the applicant gained knowledge of and experience with meeting the Department's administrative requirements; including but not limited to: preparing and submitting forms, meeting regulatory and mandatory timeframes, submitting applicable fees, applying presumptive remedies, applying for remedial action permits and preparing public notifications.

12.AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____)

County of: _____) ss.

I, _____, in making this application to the Site Remediation Professional Licensing Board (Board) for licensure under the provisions of N.J.S.A. 58:10C-1 et seq. of the Site Remediation Reform Act, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or to deny renewal of or suspend or revoke a license issued by the Board.

I further swear (or affirm) that I have read the Site Remediation Reform Act (N.J.S.A. 58: 10C-1 et seq.) and fully understand that in receiving licensure from the Board I bind myself to be governed by it.

Furthermore, I consent to a thorough investigation of my past and present employment and other activities for the purpose of verifying my qualifications for licensure. I further authorize all educational institutions, employers, supervisors, agencies, and all governmental agencies and instrumentalities (local, state, federal and foreign) and any other third person that may have information relevant to my application to release any information, files, or records requested by the Board.

Finally, I understand that to obtain a license from the Board, I must fulfill all requirements set forth in the Site Remediation Reform Act (N.J.S.A. 58:10C-1 et seq.) and this application and instructions, and that I must take and pass the LSRP examination and submit the annual license fee.

Applicant's signature

Sworn and subscribed to before me this _____

day of _____.
Month Year

Name of Notary Public (please print)

Signature of Notary Public

